PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/663,239 | | | ing Date 16/2003 | To be Mailed | |
|--|---|---|---|---|------------------|-----|---|------------------------|-------------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), (| \neg | N/A | LD NO | N/A | | N/A | TEE (a) | i | N/A | TEE (0) | |
| ┢ | SEARCH FEF | or (c)) | N/A | | N/A | | N/A | | 1 | N/A | | |
| H | (37 CFR 1.16(k), (i), (ii) | | N/A | | N/A | | N/A | | ł | N/A | | |
| | (37 CFR 1.16(o), (p), r TAL CLAIMS | or (q)) | minus 20 = | | | | x \$ = | | OR | x s = | | |
| INE | CFR 1.16(i)) EPENDENT CLAIM | s | minus 3 = * | | | ł | x s = | | | x s = | | |
| (37 | CFR 1.16(h)) | If the | | gs exceed 100 | ı | | | ł | | | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE is \$2 addit | sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CF | | | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j)) | | | | | | | | 1 | | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | 1 | TOTAL | | |
| | | | | | | | | | | ER THAN | | |
| AMENDMENT | | CLAIMS | Г | HIGHEST | r | 1 1 | | | <u> </u> | | | |
| | 05/16/2007 | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16()) | · 20 | Minus | 20 | = 0 | 1 | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | 3 | = 0 | 1 | x \$ = | | OR | X \$200= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.1601) | | Minus | | = | 1 | x \$ = | | OR | x s = | | |
| | Independent (37 CFR 1,16(h)) | | Minus | *** | : |] | x \$ = | | OR | x \$ = | | |
| ä | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | | 1 | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| " If the entry in column 1 is less than the entry in column 2, write '70' in column 3. " If the "Highest Number Previously Paid For 'N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to state 2 relativeste to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeocomes for reducing this burford, subsuld be sent to the CEMPT (information Officer, U.S. Patterni and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.